

Alcohol, Tobacco and Other Drugs

Prevention File



■ Nicotine Replacement Therapy
How Helpful Is It?

■ Law as Prevention

■ Research Sheds New Light
on Underage Drinking

No Smoking Allowed

Tobacco is no longer king in North Carolina—at least not in the state's legislature. In February the House voted to ban smoking on the floor of its chambers.

North Carolina is the No. 1 tobacco grower in the country, with 1.6 million acres of tobacco planted a year. For lawmakers, only the gallery and chamber will be no-smoking zones: Senators can still smoke in their chambers; representatives can light up in their offices.

"It's a real landmark," said Charles Wilson, director of the Center for the Study of Southern Culture in Oxford, Mississippi, in *The Christian Science Monitor*. "Public business in the South used to be conducted to the aroma of tobacco. It used to be political correctness in tobacco states that you don't criticize tobacco."

Call for a Global Tobacco War

The World Health Organization's director-general, Gro Harlem Brundtland, MD, has called on developing nations to raise taxes on tobacco, curb cigarette advertising and fund education campaigns to reduce the impact of smoking-related deaths and illnesses.

During a February 2003 conference on tobacco control and development policy at the European Union headquarters in Brussels, Brundtland said that with "global solidarity we must counter the threat.

"Unless something is done, there will be a doubling of the deaths from tobacco in the next 20 years, mostly in the developing world. We know what works to reduce consumption—high taxation, control or ban advertising, fund education campaigns and try to avoid smuggling."

The Framework Convention on Tobacco Control (see *Prevention File*, Vol. 16, No. 4, Fall 2001) is due to be adopted at the WHO's annual assembly in May, but nations have been divided over proposals for sweeping restrictions and a possible ban on advertising.

Alcohol Ads Are Back in Sweden

Alcohol advertising has been banned in Sweden for 24 years. All that has changed under a recent ruling by the Market Court, Sweden's highest court of appeals for consumer issues, upholding a lower court decision in favor of the magazine *Gourmet*, which has published alcohol advertisements despite the ban since 1996.

Although the government has been pressured to lift the ban since joining the European Union in 1995, officials were hoping to maintain the policy and appealed a March 2002 ruling by the Stockholm District Court that said the ban was too far-reaching and ineffective because it applied only to Swedish media. The court said that Swedes were exposed to alcohol advertising in foreign media and on the Internet.

In upholding the previous ruling, the Market Court said that the ban on alcohol advertising was too intrusive to warrant an exception to European Union law. The decision applies only to magazines and newspapers. Ads for alcohol on Swedish TV and radio are governed by other restrictions.

"From the agency's point of view, we believe that the public health aspect is very important and we therefore regret the decision," said Marianne Aabyhammar of the Consumer Ombudsman, a state agency that appealed the decision in a final effort to preserve the ban.

The backdrop to the legal battle was a European Court of Justice ruling saying that Sweden's advertising ban, which targets all alcohol except for the

lightest kind of beer, was unfair because it makes it hard for foreign brands to enter the Swedish market.

It's the Environment, Stupid

Lectures, workshops and educational materials have long been the mainstay of alcohol prevention efforts on college campuses. But students learn more about drinking behaviors from an environment that promotes high-risk drinking, according to recent findings from the Harvard School of Public Health College Alcohol Study (*Journal of Adolescent Health*, Jan. 2003).

"College alcohol education programs are reaching the students at the highest risk of binge drinking, but messages from environments around them that promote heavy drinking exert a greater influence on students than do educational messages promoting restraint," said lead author Elissa Weitzman, ScD. "Cues from the environment, such as the cheap pricing of alcohol, encourage students to pick up binge drinking even though they come to college without a history of it."

According to the study, environments with easy and cheap access to alcohol, as well as the level of drinking at a college, housing unit or among friends, influenced students, engage in high-risk drinking. In addition, parents' alcohol use and attitudes about children using alcohol prior to college were notable factors.

More information on the Harvard School of Public Health College Alcohol Study can be found at www.hsph.harvard.edu/cas.

Early Drinkers, Later Risks

Research has shown that people who start drinking at a young age are more likely to be alcohol dependent as an adult, drink heavily more often and are at an increased risk of a motor vehicle crash, unintentional injuries and physical fights after

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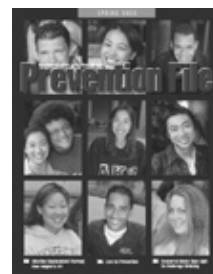
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NICOTINE REPLACEMENT



IS NICOTINE REPLACEMENT therapy really the panacea advertisers would have us believe? Used alone, does it really work in long-term smoking

cessation? Or must it be teamed with behavioral counseling for lasting success?

These and other questions raised in a recent article in the *Journal of the American Medical Association* (*JAMA*. Vol. 288, No.10, Sept. 11, 2002) by University of California-San Diego researcher John Pierce, PhD, have led to a heated debate in the field of tobacco control.

Pierce has even suggested that the leading research on NRT is flawed and needs to be redone.

"The meta-analyses done in the early 1990s were based on old criteria," Pierce said in a recent interview. "Then, a 'success' was anyone who had been off cigarettes for seven days. Now, the criteria for successful cessation is six months."

Pierce, known for his landmark research on the effects of tobacco advertising and the effectiveness of tobacco control programs, also questions some of the research done on NRT because it was done by researchers who were funded by the pharmaceutical companies that make NRT products.

Tempers have flared as a result of his assertions, with multiple letters in *JAMA* condemning Pierce's study results.

"This is a strong assertion that has the potential to significantly damage public confidence in NRT. In fact, this conclusion is much stronger than can be justified by the study results," wrote a group of doctors, psychologists and researchers from Oxford University, the University of Wisconsin, the University of Minnesota and other schools. "We were disappointed that Pierce and Gilpin (Elizabeth Gilpin, also at UCSD, was coauthor of the *JAMA* article) did not address limitations in their data. They only addressed limitations in the work of others."

The response from researchers at Pharmacia Consumer Healthcare, which manufactures NRT products, was also strong.

"We do not believe that the authors can



THERAPY: HOW HELPFUL IS IT?

The meta-analyses done in the early 1990s were based on old criteria. Then, a "success" was anyone who had been off cigarettes for seven days.

draw such efficacy conclusions from this nonrandomized, noncontrolled study," they wrote. "A recent meta-analysis found that NRT doubles the successful completion rate relative to placebo. The authors' conclusions have the potential to damage public confidence in NRT and may deter smokers from using effective treatment. Authoritative agencies have recommended that smokers should use NRT when trying to quit smoking."

The *JAMA* article and the resulting controversy sprang from Pierce's evaluation of the effectiveness of NRT in aiding California smokers undergoing cessation between 1992 and 1999. In a nutshell, he found that "NRT used to work and now it doesn't."

NRT products have not changed significantly over the years, but the way they are administered has. In earlier years, NRT could only be prescribed by a doctor. Now it is sold over the counter.

"When you went to a doctor, he held you accountable," Pierce said. "He wanted to know how it was working for you and what else you were doing to stop. Doctors would often suggest behavior therapy to go along with it."

Today, when smokers buy NRT products over the counter, they don't get all of that. No one holds them accountable, and they may never get counseling. And the advertising for NRT

doesn't suggest that heavy smokers may need any additional help, Pierce said.

"What they don't tell you is that this will help



you with your withdrawal symptoms, but then you need to deal with your addiction," he said. "You can't deal with your addiction without changing your behavior."

Pierce said some smokers may use NRT alone for repeated cessation attempts, yet never achieve success. NRT manufacturers benefit financially from that repeated use, whereas they wouldn't if the smoker stopped on one of his first attempts.

Pierce said that type of financial motivation is evidenced by the companies' latest promotions for smokers to use NRT intermittently. They are encouraging smokers to use the products when they have an important meeting or a long flight when they will not be able to smoke. Once the meeting or flight is over, they resume

Nicorette®



Quitting smoking is tough. The NRT just takes care of the biting feeling of withdrawal. Then you've got to look at when you feel you need a cigarette, what is the situation, then change the situation or your behavior in the situation.

smoking as before, then use NRT again when they need to stop temporarily.

"This has been called 'harm reduction,' but I

wonder about that if it keeps them smoking," Pierce said. "I wrote an article titled, 'Harm Reduction, or Harm Maintenance?'"

Another potential problem with repeated use of NRT alone is that a smoker may eventually conclude that he is simply not capable of quitting and give up trying.

Pierce's research showed that NRT is not at all successful for light smokers (those who smoke 15 or fewer cigarettes a day). However, he found it can be useful as part of a cessation effort, if counseling or some other type of behavioral support is also used.

"Quitting smoking is tough," he said. "The NRT just takes care of the biting feeling of withdrawal. Then you've got to look at when you feel you need a cigarette, what is the situation, then change the situation or your behavior in the situation. It's not just sticking a patch on and being done with it. If we had a pill that made you stop, I'd be all for it. But we don't."

Pierce said that research has shown that behavioral counseling, whether it be individual therapy or calls to a smokers' helpline, doubles the rate of success.

He believes that many of his opponents would change their tune if the most commonly quoted research on NRT was updated. He said that many of today's conclusions are based on two meta-analyses done in the early 1990s, in which "success" was determined by seven days off cigarettes. That would no longer be deemed "success."

Also, more recent research on NRT's effectiveness doesn't differentiate between before and after NRT went to over-the-counter sales. Pierce said that lumping statistics from before together with statistics from after distorts results.

"We need to review the entire policy," Pierce said. "The evidence in California is very clear that NRT has a short-term effect, but not lasting results."

But how can one say that the whole policy should be reviewed based just on California evidence? Pierce's opponents argue that California is unusual in that it has a strong antismoking social climate. Researchers from Pharmacia wrote to *JAMA* addressing that concern.

"The authors (Pierce and Gilpin) suggest that NRT is not effective in smokers who smoke less than 15 cigarettes a day," they wrote. "However, they did not consider the strong antismoking climate in California during the seven-year period of their study, thereby confounding the conclusions about treatment efforts in moderate and heavy smokers versus light smokers over time."

This same letter disputed the comparison of NRT users and nonusers because they may be different populations. "Smokers who cannot quit on their own may be more likely to use NRT and thus are likely to be more dependent than those who attempt to quit without it. Stratification for the number of cigarettes smoked cannot correct for this."

Pierce looks forward to the results of three randomized trials on NRT, with no pharmaceutical company backing, that are now in the works. He said that after new data are reported, it would be important to do another meta-analysis.

"Very clearly, we need to reassess." □

LAW AS PREVENTION

By Peter Lake, JD



**Higher
education
law and
law in
general
were not
always
prevention
friendly.**

ALCOHOL AND OTHER DRUG PREVENTION PROFESSIONALS usually view the law and legalisms as obstacles to good prevention practice. Lawyers can get in the way by vetoing scientific evaluations (“the information will be used against us in a court of law”) and by objecting to proactive interventions (“if we get involved we will get sued”). It seems odd to suggest that lawyers and law can help prevention efforts. However, even law and lawyers can change. Higher education law is moving rapidly to a prevention-based risk management model, and many lawyers are embracing the changes in their roles. It is time to view law as a tool in prevention efforts.

Higher education law and law in general were not always prevention friendly. It took a long time for the law to recognize connections between drunk driving and danger, and even longer to realize the role of facilitators in alcohol dangers—e.g., servers serving minors and visibly intoxicated patrons. And for decades, the typical college was legally immune from responsibility for alcohol risks to students. The movie *Animal House* tells it all: no lawsuits or lawyers for Dean Wormer. Even as in loco parentis fell in higher education law—a doctrine which protected colleges from liability—the law continued to insulate

colleges from legal responsibility for most issues relating to student safety, especially alcohol risks to students.

A series of cases in the 1970s set the tone of prevention in higher education for decades. These cases literally said the following:

1. College students are adults. This meant that students needed no “babysitting,” or in other terms, the development process was over and colleges should treat an 18-year-old freshman like a 30-year-old graduate student. This also meant the role of colleges was to educate in a classroom sense and not to engage in extensive student life involvement.
2. Alcohol culture on campus is unchangeable. Prevention efforts were regarded as well-meaning placebos: pointless, like sending more men to Vietnam. Courts effectively took judicial notice of the belief that there were no scientifically valid ways to reduce any forms of alcohol use. Courts did not anticipate the possibility of the effectiveness of the recommendations of the April 2002 National Institute on Alcohol Abuse and Alcoholism report *A Call to Action: Changing the Culture of Drinking at U.S. Colleges* (www.collegedrinkinglevention.gov).
3. Alcohol is a permanent feature of college life and is a rite of passage. Courts were unable to distinguish high-risk alcohol use from other



In the 1980s the law began to grow concerned that American campuses was dangerous.

forms of use, did not anticipate the rise in college female drinking or the absurdly high rates of sexual assault on college females associated with high alcohol culture, and failed to envision a culture of drinking to get drunk and new high-risk patterns of drinking such as frontloading, *inter alia*.

4. Prevention efforts can create liability where none previously existed. Courts of this mindset analogized students to strangers in need of rescue. Strangers in need of rescue under Anglo-American law have always been the source of consternation for the Good Samaritan: If you start to rescue you may be liable, but if you drive on, you are free from legal responsibility (except when you are, but that is another story . . .). The legal doctrine of “assumed duty” birthed decades of tragic legal advice and cautious and underfunded prevention practice. Stay uninvolved, or you may get sued.

In the 1980s the law began to grow concerned that some form of alcohol culture on American campuses was dangerous. Colleges themselves were not the culprits . . . the “problem” was fraternities. Since that time, courts have hammered fraternities when a student is injured, and these groups are still common targets in scientific prevention literature. This history has some ironic twists. First, by the

1990s courts began to realize that extensive legal exposure for the Greeks had no demonstrable impact on a worsening alcohol culture. Second, universities, which had obtained many positive contributions from Greeks and Greek alumni, were content to argue that the Greek community was outside that university community even though its members were students, and on some campuses there was not enough housing available outside the “Greek community.” Third, courts began to view alcohol issues as arising in a Greek community, but not essentially indigenous to that community.

By the 1990s courts had begun to fully mainstream colleges into a tort system that viewed the solution to complex risk phenomena as one of “shared responsibility.” In other words, isolating individual reasonability solves nothing if other parties can generate risk in an environment with impunity. In the prevention field this idea translates into environmental management theory. The law has adopted its version of our prevention norms. While not every court and lawyer is on the same page (and how could they be), the trend is unmistakable and is the future of the law of higher education.

Courts have sent the following messages in key cases around the country. First, the fortunes of the Greek community in litigation are tied to colleges: A fraternity injury is a college student



some form of alcohol culture on

injury. Second, the duty of college is not to observe student life from a distance, but to use reasonable care to prevent foreseeable danger in the college community. Third, responsibility of colleges is not limited to the campus landscape, but extends into student life and academics (what I call a riskscape). Fourth, scientific evaluation is what reasonable businesses do. Evaluation shows reasonable care. For example, using the new NIAAA report's recommendations is a good way to defend a university's approach to high-risk alcohol culture. Fourth, colleges share responsibility with students and other entities on and off campus, and should actively work with all individuals and groups who can facilitate campus safety. Fifth, high-risk alcohol culture must be approached proactively to prevent injury, instead of reactively to win legal cases at the cost of student safety. The casebooks are filled with instances where actors acted simply to avoid legal liability, but not reasonably in the face of danger.

Many lawyers now understand that their job is to facilitate sound prevention practice. This means much more than just getting out of the client's way. Lawyers have many skills in prevention, including but not limited to dispute resolution skills, enforcement skills and developing arrangements, which set out rights and responsibilities of individuals and groups.

Lawyers increasingly understand the Zen-like paradox that only by embracing more legal responsibility can one manage to avoid legal responsibility. This is the ultimate message of law and prevention. Law is ultimately living in accordance with our own responsible rules that make us as free as possible from the rule of others: Prevention works best when we create an environment in which we facilitate the conditions under which students are most likely to make wise choices for themselves. □

Peter Lake, JD, is a professor of law at Stetson University College of Law. He is the coauthor of The Rights and Responsibilities of the Modern University: Who Assumes the Risks of College Life? (Carolina Academic Press, 1999)

SAVE THE DATE

The U.S. Department of Education's 17th Annual National Meeting on Alcohol and Other Drug Abuse and Violence Prevention in Higher Education

Thursday—Sunday, October 16—19, 2003
Hyatt Regency Hotel, Austin, Texas

This is the national conference for examining issues around alcohol, other drugs and violence prevention on college campuses and in their surrounding communities. The National Meeting includes keynote speakers, workshops, skill-building sessions, showcases, town meetings, poster presentations, exhibits and the National Forum for Senior Administrators. Visit www.edc.org/hec for details as they develop.

WHAT'S NORMAL?

Between 1997 and 1998, the first year of the campaign, the campus recorded a 20 percent reduction in high-risk drinking among students.

HOW OFTEN DO COLLEGE STUDENTS DRINK ALCOHOL?

How many alcoholic beverages do they consume at a time? On college campuses across the nation, students answer these questions based on their own beliefs about college life. These beliefs, called social norms, define what students find to be “normal, acceptable or even expected in a particular social context,” according to the U.S. Department of Education’s Higher Education Center for Alcohol and Other Drug Prevention (www.edc.org/hec/socialnorms/).

However, student perceptions are often inaccurate; research shows that they frequently “overestimate how much their peers drink.” And because students want to behave as their peers do, these misperceptions cause them to consume greater amounts of alcohol than they otherwise would. When they have the correct information about social norms, they tend to drink less.

For the past four to five years, preventionists have disseminated information about social norms in efforts to reduce drinking among college students. Typically, this occurs via a marketing campaign aimed at the campus community as a whole. The strategy is called social norms marketing, and it has been successful, according to its proponents, at schools such as the University of Arizona and Northern Illinois University, among others.

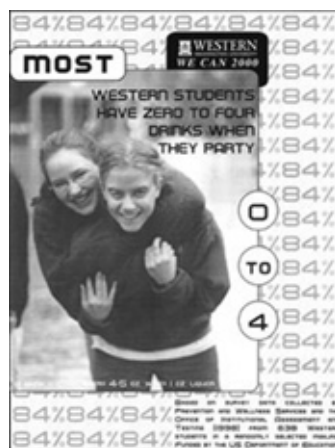
But at Western Washington University, a school of 12,400 students in Bellingham, Washington, the social norms approach goes beyond a mass marketing campaign. It encompasses a variety of strategies that delivers accurate information to several different audiences. The first is the previously mentioned social norms marketing strategy.

Social Norms Marketing Within a Comprehensive Campus-Community Prevention Commitment

As a first step in the social norms marketing program, researchers at Western Washington University regularly and consistently gather data about student consumption of alcohol. They look at student perceptions of alcohol use, as well as the consequences of the alcohol consumption and the ways in which students minimize the risks of drinking alcohol, such as the use of designated drivers and counting drinks. Armed with accurate information, the college runs a mass marketing campaign that uses newspaper advertisements and posters to correct student misperceptions about social norms related to alcohol consumption.

The results of the marketing campaign are striking. Between 1997 and 1998, the first year of the campaign, the campus recorded a 20 percent reduction in high-risk drinking among students. In addition, the percentage of students who

At Western Washington University It's Not High-Risk Drinking



perceive other students to be heavy drinkers decreased from 89 percent of the campus population to 49.5 percent during the same year. The social norms marketing campaign is ongoing, and the percentage of students who have four or fewer drinks when they party continues to climb.

Social Norms and Risk Reduction Interventions

A second strategy for reducing alcohol consumption at Western Washington University uses the social norms approach with a specialized population of frequent heavy drinkers. These are students who violate alcohol policy on campus or break local laws, usually underage drinking laws. Residence hall personnel, the court system or judicial officers refer them to the campus's Prevention and Wellness Services for mandatory intervention.

Once referred, the students spend about

30 minutes completing online questionnaires. They are asked about the frequency and quantity of their alcohol and drug use, about their perceptions of peer alcohol use and about their own experiences with negative or positive consequences of alcohol consumption. They answer questions about methods they use to protect themselves when they use alcohol. They identify situations that influence their consumption of alcohol. The result is a four-page personal feedback profile that is tailored to individual students.

Among other things, the profile shows students how their consumption of alcohol compares with other students on campus. It also points out the strategies they are taking to minimize the negative consequences of drinking and what they perceive to be the positive and negative effects of their consumption of alcohol. For example, if students said they felt they "had a problem with alcohol," they

would find out that 92.9 percent of Western Washington University students have not experienced this in the past three months. If their data showed them to have a blood alcohol content of .10 percent on a typical drinking occasion, they would learn that the average Western Washington University student has a blood alcohol content of .05 percent in similar circumstances.

After the profiles have been generated, the students attend individual or group intervention sessions, depending on the severity of their alcohol offenses. At the sessions the facilitators use the profiles to help the students tap into their own motivational systems. As students are confronted with the data they themselves have provided, they learn where they fit on the "readiness to change ruler." The idea is to encourage students to change their behaviors based on normative feedback and their willingness to take action.

DOES IT WORK?

A major national multicampus (divided into experimental and control sites) and multiyear research study, supported by the National Institute on Alcohol Abuse and Alcoholism and the U.S. Department of Education, is underway at Education Development Center to evaluate the efficacy of social norms marketing in reducing high-risk drinking among college students (www.edc.org/hec/snmp/).

This past year as part of a recent comprehensive effort to look at the problem of college drinking, the NIAAA appointed an expert panel of approximately 20 prevention specialists to make recommendations for the field. Communicating accurate social norms was among the strategies suggested by this panel, which commented in its final report:

"Initial results from programs adopting an intensive social norms approach are promising. Several institutions that persistently communicated accurate norms have experienced reductions of up to 20 percent in high-risk drinking over a relatively short period of time. . . Together these findings provide strong support for the potential impact of the social norms approach. Although any case report in this literature could be challenged methodologically, the results of each study are remarkably consistent." (NIAAA, p. 13, 2002)

The goals of the intervention sessions are different depending on the individual student's motivation and attitudes. Thus, for students who express no intention of changing their behavior with regard to alcohol consumption, the goals of the sessions are to increase the perception of risk and to create ambivalence. On the other hand, some students are determined to change. The goals of the sessions for these students are to help them find strategies for change and to focus on positive expectations.

"The sessions are nonconfrontational, nonjudgmental and nonlabeling," says Patricia Fabiano, PhD, director of prevention and wellness services at the university and a member of the Higher Education Center's Review Group. "We help students assess where they are and help them make their own decisions."

In order to measure the effectiveness of the program, researchers collected surveys from the

students three months after their intervention sessions. Using the surveys that were returned (only 36 percent to 44 percent of the students returned the surveys), the researchers found that the percentage of students who consumed five or more drinks on a typical drinking occasion fell from 61.5 percent to 41 percent in 1999-2000, from 48.4 percent to 35.6 percent in 2000-2001 and from 43.4 percent to 40.8 percent in 2001-2002. As for peak drinking occasions, the percentage of students who consumed five or more drinks fell from 79.3 percent to 68.2 percent in 1999-2000, from 59.6 percent to 55.7 percent in 2000-2001 and from 67 percent to 66.6 percent in 2001-2002.

Social Norms and Campus/Community Coalitions

A third delivery strategy for social norms at Western Washington University makes use of the campus/community coalition. The coalition, which took its present form in 1999, is

composed of approximately 50 members from the entire spectrum of community and campus life, including neighborhood associations, the court system, the mayor's office, business owners, residence halls, health service providers and others. The university uses the coalition's newsletter to correct the community's misperceptions about student use of alcohol.

"We show students doing volunteer work, taking out student loans, working hard," says Fabiano. "We paint a realistic picture of all aspects of student life so that students who cause mayhem are not misperceived as the norm."

The strategy is working. According to Fabiano, coalition members say their perception of students has changed. This changed perception can have a positive impact on community problems that are associated with alcohol abuse.

"If the community has a high expectation of students, then that promotes a more harmonious relationship. We can work out problems better because the relationships are already there," notes Fabiano.

At Western Washington University, all three of the delivery strategies for social norms—social norms marketing, risk reduction intervention and the campus/community coalition—are evidence-based. And they have shown some indicators of reduction in alcohol problems. However, these methods are only some of what is required.

"Alcohol is such a complex issue that it takes many approaches to have an impact," says Fabiano. "We need to become comfortable with using multiple strategies. This creates a synergy that a one-note approach can't get near." □



Q&A with John Casteen



John Casteen, PhD, president of the University of Virginia, in early 2003 became the first recipient of the Higher Education Center's President's Leadership Group Award honoring an outstanding leader in prevention of alcohol problems in higher education. The citation from the PLG and the Robert Wood Johnson Foundation notes that his efforts on the Virginia campus reflect a comprehensive environmental approach to prevention, combining campus prevention activities, new policies limiting alcohol service and consumption, and increased enforcement measures. The programs are noted for their involvement of parents as well as students, and for identifying high-risk student populations and their organizations. Himself a University of Virginia graduate and a former English teacher, Casteen served as the university's dean of admissions from 1975 to 1982, as the state of Virginia's secretary of education from 1982 to 1985, and as president of the University of Connecticut from 1985 to 1990. One of his first actions after becoming president of the University of Virginia in 1990 was to commission a task force to work on alcohol and drug problems. In this interview with Prevention File, he offers some opinions on approaches to prevention.

It's been said that there is a kind of "campus culture" in America that supports or even encourages heavy drinking by students. Do you see progress in changing that culture?

A: It's marginally better, but I'd go a little further. I'd say there's a culture that belongs to the American middle class in which reliance on alcohol as a kind of medicine is taught to students. I really do believe that the larger behavioral problem belongs to the middle class generally and not just to students. When children grow up in a household where there's a lot of bragging or winking and nudging about the wild times the parents had as younger people, there's an effect on kids. Also, I get alarmed about students who describe their drinking as a way to deal with a problem. It takes a certain amount of talking, and I take it as a personal obligation to confront them.

What about the parents?

A: I have two occasions a year to talk to parents—three if you count graduation. When freshmen first come in, I'm with parents for an hour and half. Some years I'll get as many

as a thousand people. If they haven't had "the conversation" with their child—the conversation about sex, about drugs, about alcohol—I tell them to go find a quiet corner and sit down and have it. I tell them how I've dealt with my own children and what I think has worked and not worked. Then I see them again about halfway through the fall semester, and by that time we're ready to have some give and take. We talk back and forth for about an hour. Over the years, I've had hundreds of e-mail notes and letters from parents saying they did go and have the conversation. And some times they ask what they ought to do in one case or another. I don't present myself to parents as an expert on student behavior. What I do is run a university. There are experts who work for us.

The University of Virginia has a parental notification policy. How is that working?

A: Senator John Warner sponsored a change in the U.S. code (Higher Education Act, 1998 amendments) dealing with rights of privacy, at our request, and it allows parental notification. We have rules relating to when and in what circumstances we will do parental notification. As a rule there is a good deal of counseling before the notification. I've been involved in one situation where I called the parents myself, but ordinarily it's done by counseling personnel or medical personnel after a discussion with the student.

That kind of policy and others that deal with drinking may stir resentment among some students. How are your students reacting to some of the restrictions and enforcement policies put in place in recent years?

A: I'd say most of them "get it." That's not to say we don't have abuses going on. But the evidence says the alcohol problem has diminished from what it was four or five years ago, and our students on the whole are leading safer lives than they did before. We've had good cooperation from fraternities. By and large, open bars have disappeared. Our students annually report they're consuming fewer drinks per week—although there's always the problem of how much can you believe. But there's also been a dramatic drop in the number of students appearing in our emergency room and the other emergency room in town for treatment related to alcohol excess.

We've had a number of dilemmas to deal with, as every college does. Ours is a mixed-age population, where virtually half of our enrollment is 21 or above. So you don't approach this by saying you want a dry student community. In addition, only about 30 percent of our students live on our campus. So we don't have the capacity to control things.

Your university uses the social norms marketing program offered by Anheuser-Busch. Do you see any problem in accepting help from a beer company?

A: I know it's controversial, but the people running our Center for Substance and Alcohol Abuse had some contacts with the company

and thought the program could make a major contribution. We've gotten some solid support from Anheuser-Busch without allowing any advertising of Budweiser. They want a line of text saying that their foundation sponsored a particular publication. The publications struck me as responsible and constructive. My approach in all of this has not been theoretical; it's been pragmatic. I've got a collection of students about whose welfare I have profound concern, and I know there are certain customs that have never been amenable to prohibition. So I look for something that will teach them responsible behavior as adults.

Are alcohol companies allowed to sponsor events on your campus?

A: I'm not aware of any. That might have happened 20 years ago, but not now. Coke and Pepsi compete for advertising rights for their products, but I don't know of any place where the alcohol folks have gotten in. But one thing we do is quite exasperating. Before I became president, the governor of Virginia ordered us to make the state lottery one of the signal advertisers of our football and basketball games. On one side we're saying don't gamble, and on the other we're saying gamble. Students tell me from time to time that this is a mixed message.

Are you able to recruit many students to take a leadership role in prevention activities?

A: You find a couple of types. There's a type of student who's kind of a junkie in this stuff and wants to scold others. That doesn't work. There's another type who's an enlightened person and realizes that in our culture fairly large numbers of adults partake of alcohol in some way—they understand that it's a tradi-

tion at least as old as the Bible—and they take a pretty balanced and reasonable approach. We have student peer education programs, student peer counseling, student-run seminars in dormitories. Those are the most successful parts of our program. I think the bulk of the credit for whatever we've accomplished belongs to the students who have taken various leadership roles.

It sounds like you have good rapport with students.

A. Students treat me well. I've never had a sense that students were agitated because I take a clear position on these things. Students will ask to use my house for various events—it's a large house designed for public events. Every so often I'll catch a group attempting to set up a bar as part of the event. I don't think they've ever gotten past me on that. They're accustomed to the kind of events where the adults

stand on one side and drink and the young people stand somewhere else and don't drink. I do everything I can to prevent that sort of thing.

Another thing—I don't allow alcohol in the president's box at the stadium. I get a lot of complaints about that from members of my board. I'm concerned about students if they see intoxication among the community's adult leaders, and they know exactly who the board members are. □

ENVIRONMENTAL MANAGEMENT AT UVA

The University of Virginia is engaging in multiple prevention strategies that affect the campus environment as a whole to have a large-scale impact on the entire campus community. Some of those programs and efforts are:

- All first-year students must live on campus. Drinking is not permitted in residence halls. Resident assistants write up students who violate the policy and refer them to the judicial board on a case-by-case basis. Some students have to see the dean of students and do community service, complete a project or get counseling.
- UVA has worked with bars on "The Corner," a huge student hangout next to campus, to provide training of responsible beverage service. In addition, nine establishments participate in a designated-driver program, providing free non-alcoholic drinks to designated drivers. Students who feel that they are unable to get home safely can call Yellow Cab Co. for a ride, even if they don't have money on them—they are billed later.
- ADAPT—Alcohol and Drug Abuse Prevention Team—is a peer-group organization of UVA students that focuses on promoting safe activities for students, such as alternative Spring Break options. This group started a new tradition, the fourth year 5K walk/run as an alternative to the high-risk tradition at the last football game to drink a fifth of liquor—"the 4th year 5th." Its 21st Birthday Card project is designed to reduce high-risk drinking by students on their 21st birthday and to combat the tradition of the "Corner Crawl."

UVA also has a social norms marketing program specifically for first-year students called "The Stall Seat Journal." Students post posters on the back of bathroom stall doors in the residence halls, which present information on actual student behaviors based on student surveys (see page 8).

THE STALL SEAT JOURNAL

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Study Reveals Misperceptions

Most University of Virginia First-Year students, 60%, consume 0-5 drinks per week, based on the results of the 2000 Health Promotion Survey.

CHARLOTTESVILLE, Virginia—A recent survey at the University of Virginia reveals a striking disparity between students' perceptions of drinking and the actual facts.

The survey was administered during the spring semester of 2000 to all first-year students by the University's Office of Health Promotion.

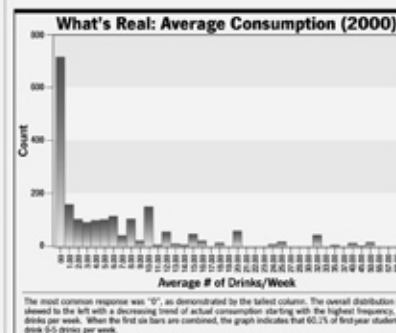
Students were asked "What is the average number of drinks you consume per week?" A drink was defined as a 12 oz can/bottle of beer, a 4 oz glass of wine or a 1 oz shot of liquor straight or mixed.

Of the 1,740 students that responded, 33.8% said "zero" drinks a week; 7.7% said "one"; 4.9% said "two"; 4.2% said "three"; 4.6% said "four"; and 4.9% said "five" (see graph 1). Thus, the majority (60.1%) of all respondents consumed 0-5 drinks per week. The most common response (the mode) was 0 drinks per week, and the second most common response was 1 drink per week. The median number of drinks per week was 3.

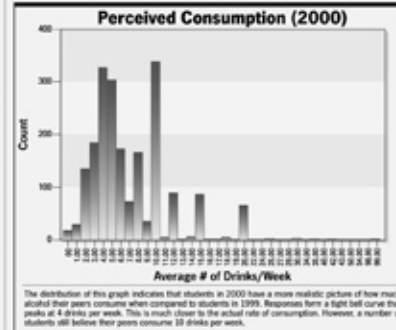
Misperceptions Revealed

The same students were also asked, "What is the average number of drinks you think most UVA First-Years consume per week?"

Of the 1,737 students that responded the most com-



60% OF UVA FIRST YEARS ARE HAVING ONLY 0-5 DRINKS PER WEEK.



WAYS TO ANNOY YOUR BATHROOM STALLMATE

1. Play a well-known drum cadence over and over on your butt cheeks.
2. Say, "Hemmm, I've never seen that before."
3. Stick your palm under the stall and ask your neighbor, "May I borrow a highlighter?"
4. Cheer and clap loudly every time somebody breaks the silence.
5. Say, "Wow, this water is cold."

CHECK OUT OUR WEBSITE



mon response (16.15%) was 10 drinks per week (see graph 2).

Some students believed their peers consumed even more: 4.2% of the respondents thought that the typical UVA First-Year had 15 drinks per week; 2.6% said 20 drinks per week.

A New Norm?

The study calls into question a common perception about college life—that excessive drinking is the norm, and that "everyone's doing it."

In fact, UVA First-Years have healthier drinking habits than they themselves believe. Most students do not overindulge.

So, if most (60.1%) First-Years have 0-5 drinks per week, maybe the phrase "everyone's doing it" will come to mean that students are making healthy choices about alcohol.

THE 2000 HEALTH PROMOTION SURVEY: YOUR QUESTIONS ANSWERED

Where Did All the Numbers Come From?

In the spring of 2000, the Office of Health Promotion administered the Health Promotion Survey to all First-Year students. The survey measured alcohol-related knowledge, perceptions, attitudes and behaviors. To promote honesty in self-reporting, the survey was anonymous and participation was voluntary. 1,771 surveys were completed and collected representing a response rate of 60.5%.



Research sheds new

RESEARCH IS SHEDDING NEW LIGHT ON THE DRINKING PATTERNS of teenagers and young adults, promising more effective interventions and prevention strategies to reduce the high rate of alcohol problems in this age group.

What has long been known is that persons aged 16 to 24 are at high risk for death and injury in alcohol-related traffic crashes, and that heavy episodic drinking erodes the academic performance of many college students and is a major factor contributing to date rape and other campus violence. Now, epidemiological studies are refining such data to make it easier to focus prevention strategies on the circumstances that contribute to high-risk alcohol consumption by young people both before and after they reach the legal drinking age.

Much of the new research strengthens the conviction that the best approach to prevention in campus populations is to change the environment in which individual decisions about alcohol use are made. Indeed, a new College Alcohol Study by the Harvard School of Public Health concludes that freshmen learn more from an environment that promotes heavy drinking than they do from lectures, workshops or educational materials aimed at getting them

to drink less. “Cues from the environment, such as cheap pricing of alcohol, encourage students to pick up binge drinking even though they come to college without a history of it,” says Elissa Weitzman, ScD, principal author of the study.

The new Harvard study is bad news for those who think that prevention messages and alcohol education alone are sufficient to keep students from drifting into episodic heavy drinking. A variety of factors have greater weight, including low prices and easy access to alcohol, a student body with many binge drinkers, student perceptions of the drinking behavior of their friends, and parental behavior and attitudes. “College students are quick learners,” says Henry Wechsler, PhD, a coauthor of the study. “The alcohol environment is hard to miss, and alcohol education messages simply aren’t enough.”

The National Institute on Alcohol Abuse and Alcoholism panel report on college drinking (www.collegedrinkingprevention.gov) says that some of the environmental strategies that have been shown to be effective with general populations and could be applied to college environments include enforcement of minimum drinking-age laws; restrictions on alcohol retail

light on underage drinking

Much of the new research strengthens the conviction that the best approach to prevention in campus populations is to change the environment in which individual decisions about alcohol use are made.

outlet density and responsible beverage service policies.

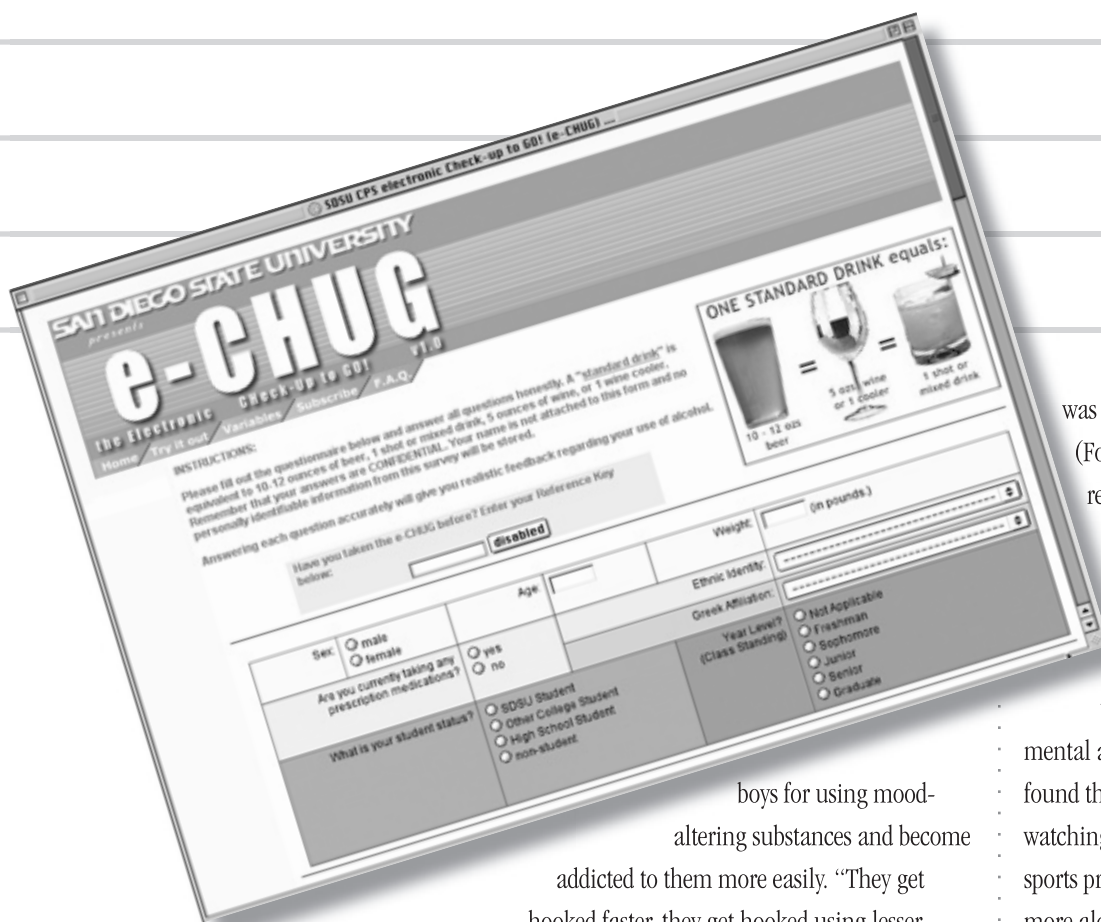
Other recent research findings suggest there is more to learn about how the alcohol environment affects different individuals. Some young people are more susceptible to environmental influences than others when it comes to drinking.

Gender can make a difference, for example. A study reported by Patricia A., McDaniel, PhD, of Berkeley's Alcohol Research Group, found that men who drink primarily in private set-

tings—at home or at private parties—are less likely to drink at hazardous levels than men who drink in bars or restaurants or other public places. But for women, the opposite is true. Women are more likely to drink at high-risk levels in private settings than in public settings.

Gender may also have a role in how young people get seriously involved with alcohol and other drugs. A study released early in 2003 by the National Center on Addiction and Substance Abuse at Columbia University found that girls and young women have different reasons than





**Research
offers some
evidence
that
prevention
activities are
having an
impact on
youth.**

boys for using mood-altering substances and become addicted to them more easily. "They get hooked faster, they get hooked using lesser amounts of alcohol and drugs, and they suffer the consequences faster and more severely," said Joseph Califano Jr., chairman of the Columbia center.

In another approach, a study released last year found that students who are sports fans are more likely to engage in heavy drinking—and have problems as a result—than students who pay little attention to sports. The study by the Harvard School of Public Health surveyed more than 14,000 students at 119 four-year colleges and found that some 53 percent of those who were sports fans usually drank at "binge" levels—five or more drinks on an occasion. Only 41 percent of males and 37 percent of females who were nonfans drank at those levels. Sports fans also drank more often than nonfans and were more likely to say that getting drunk

was an important reason for drinking. (For the survey, students who said they regarded attending sports events as "important" or "very important" were classified as sports fans.)

Wechsler, also a principal investigator of this Harvard study, pointed to an intriguing factor in the environmental aspects of college sports. The survey found that sports fans also spent more time watching television than nonfans. "Television sports programming contains significantly more alcohol promotion than other programming. Therefore, fans are being hit with pro-alcohol messages at a high rate and likely have been since they were young."

Some recent studies raise more questions than they answer. Separate surveys of U.S. and Canadian college students suggest that there may be something in the Canadian culture or environment that affects how students drink. A greater percentage of Canadian students drink, compared to their U.S. counterparts, but U.S. students are more likely to be heavy drinkers than the Canadians. Also, male students in the United States are more likely than female students to engage in "binge" drinking, but in Canada, gender makes no significant difference in heavy alcohol use.

In some respects, U.S. and Canadian students are alike in their drinking patterns. The

CHUGGING FOR PREVENTION

Some of these studies on the drinking patterns of teenagers and young adults are the basis for a new departure in prevention—an assessment and feedback tool called CHUG (Check-Up to Go). It uses research findings and computer technology to help motivate young people to reduce their alcohol consumption. Students can now go online at www.e-chug.com to find out more about the risk factors involved when they drink. But this is no one-size-fits-all recitation of the risks associated with alcohol. It's strictly personal, based on a student's own life history and experience with alcohol.

The electronic Check-Up to Go program (e-CHUG) was developed at San Diego State University. It is based on a paper-and-pencil instrument called CHUG created by Scott Walters, PhD, at the University of New Mexico. Both the original version and the computer adaptation draw on principles of social norms marketing and motivational interviewing to help persuade students to reduce their alcohol consumption.

By a recent count, more than a dozen colleges and universities were using e-CHUG with students in high-risk categories—athletes, pledges to fraternities and sororities, disciplinary referrals and freshmen in orientation classes. To take advantage of e-CHUG, a student provides personal information in areas known to be connected with alcohol risk, such as the quantity and frequency of his or her drinking and the amount and percent of income spent on alcohol. Is there any alcoholism in one's family history? Any trouble remembering what happened during a night of drinking? Ever drive a car after drinking? The assessment includes questions in the World Health Organization's Alcohol Use Disorder Identification Test (AUDIT). The computer feeds back information such as the peak blood-alcohol concentration based on the student's drinking pattern and comparisons with drinking norms on his or her campus.

An assessment at the computer keyboard takes a student about ten minutes to complete and the feedback is confidential. It requires no one-on-one contact with a counselor or administrator. "Because it is offered online, it has the flexibility of providing quick, confidential feedback in multiple settings while maintaining the information and format of the original version," say the authors. "This also allows a student to be assessed on multiple occasions to track changes in drinking and risk behavior." Also, a campus using e-CHUG can accumulate data for periodic assessment of levels and changes in drinking and risk behavior among students.

U.S.-Canada comparison—published in the journal *Addiction* (Vol.97, No.12, Dec. 2002)—noted that in both countries, students who live at home with their parents are less likely to be heavy drinkers than those who live on campus. There is also food for thought in the relationship between drinking patterns and the legal drinking age in the two countries.

Although the drinking age is 21 in the United States and is 18 or 19 (depending on the province) in Canada, heavy alcohol use is more prevalent among students aged 20 or less in both countries than among students over 20.

Finally, research offers some evidence that prevention activities are having an impact on youth. The 2003 release of the annual *Monitoring the Future* study performed by the University of Michigan's Institute for Social Research described a "significant reduction" between 2001 and 2002 in alcohol use reported among 8th and 10th graders. This included the number of junior high and high school students who say they have been drunk in the past year and have engaged in heavy drinking—five or more drinks in a row—during the two weeks before the survey.

Looking at longer-term trends, the Michigan studies have found that heavy drinking among teenagers declined during the 1980s and remained at lower levels in the 1990s. Although use of illegal drugs by young people increased considerably in the 1990s, high-risk drinking rose at a more modest rate. These trends have been paralleled by an increase in the perception by high school students of the risks associated with getting drunk. The Michigan researchers offer the opinion that public service advertising campaigns against alcohol-impaired driving

and for the use of designated drivers may be contributing to increases in the perceived risk of binge drinking. Another factor that may also come into play in perceived risk is the well-publicized tragedies surrounding college and other student drinking. □

A Matter of Degree

Setting the Stage for Change

■ WHEN THE ROBERT WOOD JOHNSON FOUNDATION LAUNCHED ITS A MATTER OF DEGREE INITIATIVE to reduce binge drinking by college students, it embarked on a grand real-life experiment to test a prevention model that, while grounded in prevention research, had not been applied with rigor at any university. The model called for universities not only to acknowledge publicly the extent of high-risk drinking by students, but also to reach beyond their ivy-covered walls and engage the community in a collaborative process to address a complex problem that is a longstanding source of strained town-gown relations.

All the AMOD sites agreed in their grant applications to the foundation to engage in campus-community collaboration, develop coalitions and focus on environmental change; but campus-based staffs often have little experience in working in the community. In addition, the communities that are home to colleges and universities are often skeptical about what the campus is doing to address problems. That's especially true in smaller cities or towns with a large student presence, where the university can seem like the big gorilla on the block.

Problems related to student behavior have been the cause of much finger pointing between communities and universities. Community residents and city officials are frustrated because they perceive the university doesn't control its students when they are off campus. Campus and community environments that promote high-risk drinking behavior and provide students with easy and often illegal access to alcohol frustrate universities. And measures taken by campuses over the years have had little impact on reducing problems.

No one had gone down this road before, so many involved felt some level of discomfort as they engaged in this process of fostering community change. "A grand experiment," one coalition leader called it. And most of the AMOD sites felt that before they could begin to call for changes in community environments, they had better "get their own houses in order." That meant taking a long hard look at campus policies and environments, making changes to reduce problems, communicating those changes to the campus community, tending to leisure-time options, gaining parent buy in, and then consistently enforcing policies to hold students accountable for their behavior.





Richard Yoast, PhD, director of the Office of Alcohol and Other Drug Abuse at the American Medical Association, which is the national program office for AMOD, says that the AMOD environmental model was an eye-opener.

“It illustrated how the university was affected by and could influence external factors, such as freshmen histories of high school drinking, parental expectations, the presence of large numbers of bars surrounding campus. As the project progressed, staff members began to see change effected through policy and enforcement collaborations of concerned people and through the university creating new expectations.

These actions on the part of the universities signaled the community that they were indeed serious about addressing student high-risk drinking and the resulting behaviors and problems. Early results attributed to campus changes showed that the health and safety of students improved while problems related to academic and social disruption declined.

This new approach appeared to have merit. Universities gained the confidence needed to engage the community in the often rancorous dialogue that accompanies measures aimed at changing the status quo. Community members, including politicians, business people and neighborhood residents, began to understand that there was much to be gained by the city and the university doing the hard work necessary to achieve meaningful change. The media—student newspapers and area print and broadcast outlets — covered these changes, including the controversies, thereby raising the priority for alcohol issues.

That hard work has started to pay off. Among other accomplishments, AMOD partnerships have succeeded in restricting drink specials, and, for the first time, campus administrators are weighing in on alcohol licensing and zoning issues in the community, often as members of local alcohol license review committees. And they are tackling the difficult challenge of controlling the proliferation and service practices of bars and other alcohol outlets that ring their campuses, a common characteristic of college towns across America.





**Change is found to
come not just through
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changes in our
environments.**

For the first time, campus administrators appeared before local liquor licensing authorities to express what they had learned about the impact of licensing decisions on their students.

“Many community members welcomed their new collaborative practices and worked with students to reduce conflicts between student and older neighbors. An often overlooked facet of university life also came to the fore—university staff live in the community, raise children and have the same concerns everyone else has. Similarly, university administrators have also recognized that they can play a more active role in shaping the public health environment on and off their campuses.”

Yoast says that the AMOD model emphasizes the university as a dynamic community force—one that can positively or negatively affect the health of its students, staff and community.

“Change is found to come not just through discussion and persuasion but from active, purposeful changes in our environments. But time spent listening to the community and engaging in dialogue with concerned residents has been a necessary precursor to identifying problems and for setting explicit shared goals and strategies to reduce or prevent problems.

“If universities are to successfully engage in the community, they need to reorganize how they think about what they do and the skills that they need to bring to these collaborations. They have to move from simply observing community life to being active participants and leaders. For universities this is as much a transformation process as it is a specific goal attainment. The AMOD experience has completely transformed the image of the university from being an outside observer to an active political force in their communities.

“Universities have a tremendously powerful platform to challenge the status quo and call for reforms. The AMOD project has seen what can occur when universities take on the challenge of changing the environments surrounding student drinking, both on and off campus. The lesson we have learned through the AMOD experience is that we can reconceive the role of the university in society and be an effective partner for social change. In fact, universities and communities greatly benefit from such a role,” said Yoast. □

Continued from inside front cover

drinking. Now a new study from the Boston University School of Public Health says that college students who got drunk for the first time at a young age appear to be more likely to have unplanned and unprotected sex during their college years.

Researchers found that among the college students who drink, those who got drunk for the first time

before 13 years old were twice as likely to have unplanned sex and were more than twice as likely to have unprotected sex because of drinking, compared to those who didn't drink until after age 19. Researchers say these odds were true even after they adjusted for other factors including parental drinking history, race, marital status, marijuana use and age.

"The results of this study point to a need to further explore the relationship between early age of first getting drunk and unplanned and unprotected sexual intercourse because of drinking," said the researchers.

No Laughing Matter

A new study from the Centers for Disease Control and Prevention says that so-called binge drinking—taking more than five drinks on one occasion—is on the rise, and that it costs billions of dollars and leads to tens of thousands of deaths on the roads and tens of thousands more murders, suicides and assaults (*Journal of the American Medical Association*, Jan. 1, 2003).

Researcher Timothy Naimi, an epidemiologist at the CDC, says that unlike chronic drinking, acknowledged as a disease, binge drinking is laughed off as a deserved celebration or rite of passage. But half of

the 100,000 alcohol-related deaths each year are due to binges. His study found that binge drinkers are 14 times more likely to drive when impaired than non-binge drinkers. The National Highway Traffic Safety Administration reported in December that more than 40 percent of the 42,116 motor vehicle deaths in 2001 were alcohol-related.

The study is based on a biannual CDC phone survey of about 200,000 people on health issues. Reported binge-drinking episodes rose from 1.2 billion in 1993 to 1.5 billion in 2001, an increase that can't be explained by population growth. But young adults overall are not the problem many think they are. Those in the more populous 26-to-55-year-old age

group accounted for a far bigger proportion—69 percent—of binge episodes. However, drinkers between 18 and 25 who binge do it more often than others, with an average 15.3 episodes per year for 18-to-20-year-olds and 18 per year for 20-to-25-year-olds. The typical binge drinker is a young (under age 26) white or Hispanic male.

Under Healthy People 2010, the government aims to decrease binge drinking to 6 percent of the adult population by 2010. According to the Healthy People data, as many as 17 percent of adults admit to binge drinking within the past month.



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Ten Years Ago in *Prevention File* (Vol. 18, No. 2, Spring 1993)

ON THE ROLE OF THE DESIGNATED DRIVER IN COMBATING ALCOHOL-IMPAIRED DRIVING

Campaigns to reduce alcohol-impaired driving by having one member of a group refrain from drinking alcohol and be the designated driver have received wider support and media coverage. William DeJong, PhD, of the Harvard School of Public Health, and Laurence Wallack, DrPH, of the University of California, Berkeley, have studied the emergence of this prevention effort over the past three years. In this article they present their views on the role of the designated driver in combating alcohol-impaired driving.

Television viewers have been bombarded for over three years by paid advertising from the alcohol industry and by network-sponsored public service announcements that urge the use of designated drivers. This campaign has been phenomenally successful in dominating the airwaves. A recent study showed that fully 56 percent of the anti-impaired driving PSAs developed during the past five years for national airing focused on this subject.

The designated driver campaign has served the nation well in one respect: It has made the public aware of yet another strategy for avoiding driving after drinking—designating one member of the party to refrain from drinking alcohol so he or she can drive the others home.

Indeed, a 1989 Roper poll showed that, among all impaired-driving prevention strategies, U.S. adults give their strongest endorsement to the use of designated drivers. Truly, “the designated driver” has become a household word.

But the question must be asked: Has the designated driver campaign actually made a difference in combating drunk driving? Unfortunately, nobody knows the answer.

While designated driver has a strong common sense appeal as an easy, positive approach to preventing alcohol-related traffic

fatalities, it is a highly controversial strategy among public health experts.

A frequent criticism is that designating a “sober” driver gives tacit approval to excessive drinking by the driver’s companions. In essence, critics argue that it is “enabling”—that it removes a barrier to and may even encourage excessive alcohol consumption.

In our view, because of the concentrated focus on the designated driver strategy by the mass media and because of their reluctance to explore complicated issues, public health

advocates have been unable to increase awareness of the social, environmental and economic factors that influence alcohol consumption or to promote debate on legislation or other policy solutions. □

Editor’s note: The National Institute on Alcohol Abuse and Alcoholism’s tenth Alcohol and Health Special Report to the U.S. Congress on Alcohol and Health says that “many more people now use designated drivers, and most designated drivers in roadside surveys do not exceed the legal BAC limit. However, designated drivers who do exceed the legal limit, like any driver who does so, are at greater risk of crashing. Rather than protecting their passengers, these designated drivers endanger them.”

